CITY OF DETROIT

BUILDINGS AND SAFETY ENGINEERING DEPARTMENT

Request for Administrative Hearing

Please complete the attached form, including the requirements listed below. Return all items requested. You will be required to submit fee at the time of the Hearing. (if paying by check or money order) make payable to the "Treasurer, City of Detroit". [May be paid by "Visa or "MasterCard" Credit or Debit Card, cash also]

The current fee is \$362.00 for the first item, \$88.00 for each additional item, and \$175.00 for a rehearing.

Return to:

Division Head

_ Division (Specify the Division, i.e., Buildings / Plumbing /)
(Electrical/ Mechanical / Plan Review)

Buildings & Safety Engineering Department 2 Woodward Avenue, Fourth Floor Coleman A. Young Municipal Center Detroit, MI 48226

For Modification to Code Provisions:

Please submit the following:

- 1. Two sets of fully dimensioned drawings:
 - a. Show the structure and systems involved.
 - b. Highlight the noncompliance or the designed alternate.
- 2. A narrative describing:
 - a. The practical difficulties to comply with the Code provisions.
 - b. How the proposed design meets the intent of the Code, and
 - c. Why the proposed design does not pose any greater hazard that if it were to meet the letter of the Code.

For Approval through Administrative process:

For temporary trailers:

Please submit the following:

• A fully dimensioned plot plan showing the location of the proposed trailer on the lot

{Note: For subsequent Building permit for temporary trailers, we need

- Proof or verification that the trailer is State approved for the desired use and barrier free design (handicap toilet, corridor width, etc.)
- Your plan for a ramp for handicap access, and
- Your plan to provide adequate sanitation, light and ventilation}

For other equivalency or required approvals:

* Submit the documentation required by the relevant Code provision.

CITY OF DETROIT

BUILDINGS AND SAFETY ENGINEERING DEPARTMENT Request for Administrative Hearing

Hearing Request No			Application Date:/_	_/
Re: Location				
Re: Location (Number	er)	(Street Name)		
Owner:	Address:		Tel. No.	
(Name)				
Applicant: (Name)	Address:	•	Tel. No	
(Name)				
-Regarding Meeting D	ate, contact - Name:		Phone:	
			tion to Code provisions, or the apprilating Official, for the following.	roval
Code, Section No. and Code requirement				
Reason for	·			
Noncompliance	<u> </u>			
Alternate Method	•			
Proposed				
How is the alternate				
Equivalent to Code?		· · · · · · · · · · · · · · · · · · ·		
(Attach additional shee	ets, 11 needed)	>	-	
	Owner's an	d Applicant's Affi	davit	,
State of Michigan } County of Wayne }		and accompanied	and says that the foregoing stateme information and date are in all respe belief	
	Applicant:		Owner:	
Subscribed and sworn (to before me this	Day of	200	
		Wayne County, M		
	My Commission 6	expires		
	ns exhausted all appeal procedu g. I will be prepared to submit		vision and is therefore entitled to an g on or before (Date)	l
(Division	Head)			